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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26191 7590 10/20/2004

FISH & RICHARDSON P.C., P.A.**60 SOUTH SIXTH STREET****SUITE 3300****MINNEAPOLIS, MN 55402**

01/26/2005 RFEKADU2 00000099 10066432

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Jill Huso	(Depositor's name)
	(Signature)
01/20/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/066,432	01/31/2002	Thomas F. Smith	07039-246001	5103

TITLE OF INVENTION: **DETECTION OF HERPES SIMPLEX VIRUS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HORLICK, KENNETH R.	1637	435-005000

1. Change-of-correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Richardson P.C., P.A.**2.****3.**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Mayo Foundation for Medical Education and Research**Rochester, MN**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature)

2005

44,282

M. Angela Parsons, Ph.D.

(Date) **January 20,**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Thomas F. Smith et al. Art Unit : 1637
Serial No. : 10/066,432 Examiner : Kenneth R. Horlick
Filed : January 31, 2002 Confirmation No.: 5103
Notice of Allowance Date: October 20, 2004
Title : DETECTION OF HERPES SIMPLEX VIRUS

MAIL STOP ISSUE FEE

Commissioner for Patents
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Alexandria, VA 22313-1450

TRANSMITTAL LETTER

The following documents relating to this application are enclosed.

1. Response to Notice of Allowance (1 page);
2. Issue Fee Transmittal Form PTOL-85B (1 page);
3. Check in the amount of \$1030 (\$700 for the Issue Fee, \$300 for the Publication Fee, and \$30 for the patent copies); and
4. Postcard.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date:

January 20, 2005

M. Angela Parsons

M. Angela Parsons, Ph.D.
Reg. No. 44,282

Fish & Richardson P.C., P.A.
60 South Sixth Street
Suite 3300
Minneapolis, MN 55402
Telephone: (612) 335-5070
Facsimile: (612) 288-9696
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January 20, 2005

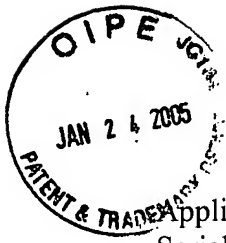
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Jill Huso

Signature

Jill Huso

Typed or Printed Name of Person Signing Certificate



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RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed October 20, 2004, enclosed are a completed Issue Fee Transmittal Form PTOL-85b and a check for \$1030 for the required issue fee and publication fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date:

January 20, 2005

M. Angela Parsons, Ph.D.
Reg. No. 44,282

Fish & Richardson P.C., P.A.
60 South Sixth Street
Suite 3300
Minneapolis, MN 55402
Telephone: (612) 335-5070
Facsimile: (612) 288-9696

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Jill Huso

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